

APPLICATION FOR LIBRARIAN'S CERTIFICATE

Please type or print

NAME _____
Last Name First Name Middle Name

MAILING ADDRESS _____
Street
City State Zip Code

BIRTH DATE _____ PLACE OF BIRTH _____

PHONE NUMBER () - SOCIAL SECURITY NO. _____

Do you have an MLS degree from an accredited Institution? ____ YES ____ Date Awarded

____ NO If you answered no to this question
contact the Washington State Library for further instructions.

Name of Institution that Awarded MLS Degree: _____

Address: _____

Library Dean: _____

Your name at the time MLS Degree was awarded: _____

Name you want printed on your certificate: _____
(please print clearly)

Signature Date

Please mail your application form and a \$20 check, made payable to the Washington State Library,
Attn: Certification Program at the Washington State Library • PO Box 42460 Olympia, WA 98504

For Department Use Only - Do Not Write Below This Line	
Date Received	Certification No.
Remittance	Date Issued
Verification Date	Authorized Initials

For more information, please contact the Washington State Library Customer Service Team
Debra Rossow (360) 570-5572 • Mary Moore (360) 570-5570 • FAX (360) 753-2108
drossow@statelib.wa.gov ↔ mmoore@statelib.wa.gov